

INTERSTATE COMPACT ON JUVENILES

Michigan Family Independence Agency

- ☐ REQUISITION FOR ESCAPEE OR ABSCONDER
☐ REQUISITION FOR JUVENILE CHARGED WITH BEING
DELINQUENT (RENDITION AMENDMENT)



FORM II

FORM II

TO: _____
(Appropriate Court or Executive Authority)

DATE: _____

FROM: _____
(Name of Court or Agency)

I, _____, in accordance with the Interstate Compact on Juveniles, Article V and the Rendition Amendment, Return of an Escapee, Absconder, or Juvenile Charged with being Delinquent. Said juvenile (check appropriate item):

- ☐ was paroled to the custody of _____
☐ was placed on probation subject to the supervision of _____
☐ was committed to _____ (institution or agency)

OR

☐ has fled to avoid prosecution (Rendition Amendment) and, despite applicable provisions of law, has:

☐ escaped ☐ absconded ☐ fled (Rendition Amendment)

and is now believed to be in your jurisdiction at _____

Juvenile's physical description: Height: _____ Weight: _____ Eyes: _____ Hair: _____ Race/Sex: _____

Identifying marks or scars: _____

Attached are two certified true copies of the judgment, formal adjudication, order of commitment, or petition alleging delinquency, verifying juvenile's legal status.

1. Particulars of adjudication or allegations of delinquency:

2. Circumstances of breach of terms of probation, parole, escape from institution or fleeing to avoid prosecution:

Accordingly, the undersigned hereby prays for the return of said juvenile as authorized by the Interstate Compact on Juveniles.

If Requisition is honored, please notify: _____
(Name, title, address, telephone no.)

Signed: _____
(Judge or Compact Official) (Date)

(Requisition must be verified by affidavit, signed by requisitioner, and notarized.)

AFFIDAVIT OF VERIFICATION

On this _____ day of _____ personally appeared before me _____, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged that ☐ he ☐ she executed the same.

Subscribed and sworn to before me on this _____ day of _____

NOTARY PUBLIC

Residing at: _____

My Commission expires: _____

AUTHORITY: Public Act 203, 1958

COMPLETION: Required.

PENALTY: Juvenile may not be returned.

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.